SIRTH NO. REC. DIST. NO. 218 PRIMARY REG. DIST. NO. 1003 Registrer's No. 1559		ALED DEC 2	7 1950			EALTH OF MISSO		State		124	R1
1. PLACE OF DEATH	8	BIRTH NO			040	_	56	ルル・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・		105	
TOWN St. Louis Court of the second of hastitudes, the stress address of location (CELYS) d. FILL MAME OF at the bacytical of hastitudes, the stress address of location (NETHOTICAN St. Linke's Hospital) J. NAME OF BUSINESS OF COUNTING THE COUNTY OF THE	Ī		ATH .			II		Where deceased li-	red. If ins	titution: re	sidence befor admission
d. FILL MANE OF the set in societal or insultation, the setter address of location MOSTITUTION St. Linke's Hospital Madded Ave. 3. NAME OF the set in such as the hospital or insultation, the setter address of location of the setter in the	_	OK		URAL and give towns	c. LENGTH OF STAY to the place	c. CITY (If outside OR St.	COLLI	S S	•		9
TIOTESTOE M. S. SEX S. COLOR OR RACE S. SEX SEX S. COLOR OR RACE T. MARRIED. NEVER MARRIED. STATE STATE STORE TO SET STATE STORE TO SET STATE STORE TO SET STATE STORE TO SET STORE TO SET STATE STORE STATE STORE TO SET STATE STORE STATE		d. FULL NAME OF (HOSPITAL OR INSTITUTION	St. Like	etitution, give s	treet address or location) Spite.l	ADDRESS 57			е.	0	
5. SEX 6. COLOR OR RACE 7. MARRIED. NEVER NEVER MARRIED. NEVER MARRIED. NEVER NEVER MARRIED. NEVER NEVER NEVER NEVER MARRIED. NEVER NE	•			ce	• • •		3	4. DATE OF DEATH De	(Month)		
ADDIESTRY St. Louis, Mo. COUNTRY IV.S.A.	f	Cemale /	white	7. MARRIED WIDOWED 811	NEVER MARRIED, DIVORCED (Bpagity)		1894	9. AGE (In year legs birthday)	n IF theolog	I YEAR U	DIEDER M RES.
13. MATECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 18. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRESS MISS OLIVE E. Knowles—Arlington; V. MISS OLIVE E. Know	10	oa. USUAL OCCUPATION CONTRACTOR STATEMENT OF WORLD	ON (Give kind of working life, even if retired)					outry)	0	12. CITIZI COUNTI	EN OF WHAT
(Year, NO) (II year, give was or dates of service) NO. MISS Olive E. Knowles-Arlington, V 18. CAUSE OF DEATH Enter only one outse per Ing for No. (b), and (c) The first of the doce of the conditions, if any, giving DUE TO (b) ANTECEDENT CAUSES MOTHS conditions, if any, giving DUE TO (b) ANTECEDENT CAUSES MOTHS conditions, if any, giving DUE TO (b) ANTECEDENT CAUSES MOTHS conditions, if any, giving DUE TO (b) MEDICAL CERTIFICATION Organ In Medical Conditions ANTECEDENT CAUSES MOTHS conditions, if any, giving DUE TO (b) MEDICAL CERTIFICATION INTERVAL SETWEE ORIGINAL CONDITIONS Conditions on tribuling to the death but not related to the disease or condition counting death. 19a. DATE OF OPERA- TION (Byselfy) Zib. PLACE OF INJURY (s.e., its or about 50 cm, its o	13		Knowles					E OF HUSBAND	OR WIF		
Enter only one causes per line for 10, 10, and (c) The first of the (i), and (c) The first of the (i), and (c) The first of the (i), and (c) The first of the (ii), and (c) The first of the (iii) Interest of the (iii) The first of the above cause (a) stating Anothed conditions, if any, giving DUE TO (b) The means the discontinuing cause last. DUE TO (c) The first of the above cause (a) stating DUE TO (c) The first of the above cause (a) stating The time of the death but not conditions contributing to the death but not for the death but not conditions contributing to the death but not conditions contributing to the death but not form to the death but not conditions contributing to the death. The first of the conditions contributing to the death but not conditions contributing to the death but not conditions contributing death. The first of the conditions contributing to the death but not conditions contributing death. The first of the conditions contributing	C	S. WAS DECEASED EVE	R IN U.S. ARMED F	ORCES? 16.	SOCIAL SECURITY NO.	l	rssign/ e E.	ATURE OR N Knowles	ME -Arl:	ingto	on, Va
ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) My puriteuring bleat disease. Morbid conditions, if any, giving DUE TO (b) My puriteuring bleat disease. Morbid conditions, if any, giving DUE TO (b) My puriteuring bleat disease. Morbid conditions, if any, giving DUE TO (b) My puriteuring bleat disease. Purity, or complication the underlying cause leaf. DUE TO (c) MUE TO (c) Multipurity 11. OTHER SIGNIFICANT CONDITIONS DOBLETO (c) Morbid conditions, if any, giving DUE TO (b) MUE TO (c) Multipurity, or complication the underlying cause leaf. DUE TO (c) Multipurity 11. OTHER SIGNIFICANT CONDITIONS DOBLETO (c) Multipurity 21. AUTOPSY? TON MORITION 21. AUTOPSY? TON MORITION 21. AUTOPSY? TON MORITION MORK Growth Leg WHILE AT NOT WHILE NOT WH	F	nter only one cause per	I. DISEASE OR CO	ONDITION NG TO DEATH		tin Kan	factur	<i>r</i>		ONSET	IND DEATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 19b. MAJOR FINDINGS OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) NO 19b. MAJOR FINDINGS OF OPERATION 19b. MAJOR FIND					DUE TO (b)	hyputeusie	· Hear	A disea	ie.		
19a. DATE OF OPERA- 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY1 19b. MAJOR FINDINGS OF OPERATION 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 10c.	ai di	heart allure, asthenia, to means the dis- actuary or complica-	rise to the above ca the underlying cau	wse (a) stating se last.	DUE TO (c)	Hyperteus	iñ	٠			?
19a. DATE OF OPERA- TION 19b. MAJOR FINDINGS OF OPERATION 21c. AUTOPSY1 YES NO [22c. In or about SUICIDE HOMICIDE 21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, etreet, office bidg., etc.) 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE OF INJURY OCCUR? 22 I hereby certify that I attended the deceased from 1227, 1950, to 1950, that I last saw the decease alive on 16c2, 1950, and that death occliffed at 2:30Pm., from the causes and on the date stated above. 22a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNED 23c. DATE SIGNATURE 23c	/	on thich caused death.				///			-		· · · · · · · · · · · · · · · · · · ·
21a. ACCIDENT (Bpecify) 21b. PLACE OF INJURY (e.g., in or about bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) 21c. (CITY, TOWNSHIP) 21c. (CITY) 21c. (CITY	19	a. DATE OF OPERA- TION				<u> </u>				1 -	OPSY?] No 日
WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from 12.2.2, 1950, to 12.50, that I last saw the decease alive on 2.30P m., from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNED 24c. NAME OF CEMETERY OR CREMATORY DITERAL CREMA 12/12/50 Lake Charles DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE 26. SIGNATURE 27. 1950, to 12.70, 1950, that I last saw the decease and on the date stated above. 23c. DATE SIGNED 23c. DATE SIGNED 24c. NAME OF CEMETERY OR CREMATORY DITERAL DIRECTOR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE	21	SUICIDE	(Specify) 2	Ib. PLACE OF I	NJURY (e.g., in or about ry, street, office bidg., etc.)	21c. (CITY, TOWN, O	R TOWNSHIP) (CO	UNTY)		
alive on PCC 7, 19 50, and that death occurred at 2:30P m., from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNED 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) 24d. LOCATION (City, town, or county) 25. LOUIS COUNTY, MO. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE	21	OF	(Day) (Year) (I	WHILE	AT NOT WHILE	211. HOW DID INJUR	RY OCCUR?		4	442	2 X
23a. SIGNATURE (Degree of title) 23b. ADDRESS 3720 Washington 24c. DATE SIGNED 24c. NAME OF CEMETERY OR CREMATORY DITPLAT DITPLAT DITPLAT DITPLAT DITPLAT REGISTRAR'S SIGNATURE 25c. DATE SIGNED 25c. DATE SIGNED T/A J O State) St. Louis County, Mo.	22				110111 = 4						deceased
24a. BURIAL/CREMA- 24b DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) TION, REMOVAL (Boods) 12/12/50 Lake Charles St. Louis County, Mo. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ZS. FUNERAL DIRECTOR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE 26. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State)	23	Ba. SIGNATURE	· Viii	en '		23b. ADDRESS	1	<u> </u>	`,	23c. DAT	
DEC 11 19 REGISTRAR'S SIGNATURE D'EN D'EN D'EN BLVd.	24 T I	IA. BURIAL/CREMA- ION, REMOVAL (B	24b/DATE 12/12/5	1		ев	St.	Louis C	ount	(v)	(State)
	D		REGISTRAR'S SI	GATURE	iten	Drehmann-	Harra.	CHATURE 1 - 190	5 Uni	ion E	Blvd.

Dr. Julius Jensen Beaumont Bldg.

STATEMENT BY LICENSED EMBALMER

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vorking under my personal supervision.	Student Embalmer No
. "	Marco Sl

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by_____

P. O. Address. Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

Licensed Embalmer No.

the above constitutes grounds for revocation of license.) If this body is not embalmed, fact should be so stated above.

State of		E BOARD OF HEALTH BUREAU OF VITAL STATIS	=	State File No. 42451
County of		T FOR CORRECTION C	F A RECORD	Local Registrar's No. 10559
	-			ppears
773 A-	KHOWELS.	, who, upon	oath, si	tates that the original record of deat
for Flerence	N.— AMOEÇ#8 8	, porn	1900	, 19, in the State of
				, should be corrected as follows
Item No	should read	June 16 1894 June 30 1894		
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Item No	should read	Clara E. Yoder	.	

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Instead of	,			
Item No	should read	***************************************	••••	
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Subsatiled and swee	n to before me this	2 2 day of	Oce	1945-0
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My Commission expires.	3-4-53	Yoll		Notary Publi